

Amendments to the claims:

Please cancel claims 1-15 without prejudice or disclaimer and add new claims 16-70. This listing of claims replaces all prior versions of claims in the application.

Claims 1-15 (Canceled)

16. (New) A method for the prevention or reduction of the risk of a cardiovascular event in a patient with an increased cardiovascular risk and no evidence of left ventricular dysfunction or heart failure, which comprises administering to the patient an effective amount of an inhibitor of the renin-angiotensin system or a pharmaceutically acceptable derivative thereof, optionally together with another antihypertensive, a cholesterol lowering agent, a diuretic or aspirin.

17. (New) A method according to claim 16, where the cardiovascular event is stroke, cardiovascular death or myocardial infarction.

18. (New) A method according to claim 16, where the cardiovascular event is congestive heart failure, worsening of angina, cardiac arrest or a revascularization procedure.

19. (New) A method according to claim 18, where the revascularization procedure is coronary artery bypass graft surgery, percutaneous transluminal coronary angioplasty, peripheral angioplasty surgery, amputation or carotid endarterectomy.

20. (New) A method according to claim 16, where the patient has an increased cardiovascular risk due to a manifest coronary heart disease, a history of transient ischaemic attacks or stroke or a history of peripheral vascular disease.

21. (New) A method according to claim 16, where the patient is diabetic.

22. (New) A method according to claim 16, where the patient has at least one other risk factor.

23. (New) A method according to claim 22, where the other risk factor is current or previous hypertension, elevated total cholesterol, low HDL cholesterol, current cigarette smoking, known microalbuminuria or previous vascular disease.

24. (New) A method according to claim 16, where the patient is non-hypertensive.

25. (New) A method according to claim 16, where the patient is older than 55 years.

26. (New) A method according to claim 16, where the inhibitor of the renin-angiotensin system is an angiotensin converting enzyme inhibitor, an angiotensin II antagonist, or a pharmaceutically acceptable derivative of any of these.

27. (New) A method according to claim 26, where the angiotensin converting enzyme inhibitor is omapatrilat, MDL100240, alacepril, benazepril, captopril, cilazapril, delapril, enalapril, enalaprilat, fosinopril, fosinoprilat, imidapril, lisinopril, perindopril, quinapril, ramipril, ramiprilat, saralasin acetate, temocapril,trandolapril, trandolaprilat, ceranapril, moexipril, quinaprilat and spirapril or a pharmaceutically acceptable derivative thereof.

28. (New) A method according to claim 27, where the angiotensin converting enzyme inhibitor is ramipril or ramiprilat.

29. (New) A method according to claim 26, where the angiotensin II antagonist is saralasin acetate, candesartan cilexetil, valsartan, candesartan, losartan potassium, eprosartan, irbesartan, tasosartan, or telmisartan or a pharmaceutically acceptable derivative thereof.

30. (New) A method according to claim 27, where ramipril or ramiprilat or a pharmaceutically acceptable derivative thereof is used together with a cholesterol lowering agent.

31. (New) A method according to claim 30, where the cholesterol lowering agent is a statin.

32. (New) A method according to claim 31, where the statin is lovastatin, pravastatin, simvastatin or fluvastatin.

33. (New) A method according to claim 32, where the statin is pravastatin.

34. (New) A method according to claim 32, where the statin is simvastatin.

35. (New) A method according to claim 16, where the antihypertensive is a calcium channel blocker or a beta blocker.

36. (New) A method for the prevention or reduction of the risk of onset of diabetes in a patient with an increased cardiovascular risk and no evidence of left ventricular dysfunction or heart failure, which comprises administering to the patient an effective amount of an inhibitor of the renin-angiotensin system or a pharmaceutically acceptable derivative thereof, optionally together with another antihypertensive, a cholesterol lowering agent, a diuretic or aspirin.

37. (New) A method according to claim 36, where the diabetes is insulin-dependent diabetes mellitus.

38. (New) A method according to claim 36, where the diabetes is non-insulin-dependent diabetes mellitus.

39. (New) A method according to claim 36, where the patient has at least one other risk factor.

40. (New) A method according to claim 39, where the other risk factor is current or previous hypertension, elevated total cholesterol, low HDL cholesterol, current cigarette smoking, known microalbuminuria or previous vascular disease.

41. (New) A method according to claim 36, where the patient is non-hypertensive.

42. (New) A method according to claim 36, where the patient is older than 55 years.

43. (New) A method according to claim 36, where the inhibitor of the renin-angiotensin system is an angiotensin converting enzyme inhibitor, an angiotensin II antagonist, or a pharmaceutically acceptable derivative of any of these.

44. (New) A method according to claim 43, where the angiotensin converting enzyme inhibitor is omapatrilat, MDL100240, alacepril, benazepril, captopril, cilazapril, delapril, enalapril, enalaprilat, fosinopril, fosinoprilat, imidapril, lisinopril, perindopril, quinapril, ramipril, ramiprilat, saralasin acetate, temocapril, trandolapril, trandolaprilat, ceranapril, moexipril, quinaprilat and spirapril or a pharmaceutically acceptable derivative thereof.

45. (New) A method according to claim 44, where the angiotensin converting enzyme inhibitor is ramipril or ramiprilat.

46. (New) A method according to claim 43, where the angiotensin II antagonist is saralasin acetate, candesartan cilexetil, valsartan, candesartan, losartan potassium, eprosartan, irbesartan, tasosartan, or telmisartan or a pharmaceutically acceptable derivative thereof.

47. (New) A method according to claim 44, where ramipril or ramiprilat or a pharmaceutically acceptable derivative thereof is used together with a cholesterol lowering agent.

48. (New) A method according to claim 47, where the cholesterol lowering agent is a statin.

49. (New) A method according to claim 48, where the statin is lovastatin, pravastatin, simvastatin or fluvastatin.

50. (New) A method according to claim 49, where the statin is pravastatin.

51. (New) A method according to claim 49, where the statin is simvastatin.

52. (New) A method according to claim 36, where the antihypertensive is a calcium channel blocker or a beta blocker.

53. (New) A method for the prevention or reduction of the risk of diabetic complications in a diabetic patient with an increased cardiovascular risk and no evidence of left ventricular dysfunction or heart failure, which comprises administering to the patient an effective amount of an inhibitor of the renin-angiotensin system or a pharmaceutically acceptable derivative thereof, optionally together with another antihypertensive, a cholesterol lowering agent, a diuretic or aspirin.

54. (New) A method according to claim 53, where the diabetic complication is overt nephropathy, new microalbuminuria or the need for laser therapy or dialysis.

55. (New) A method according to claim 53, where diabetes is insulin-dependent diabetes mellitus.

56. (New) A method according to claim 53, where diabetes is non-insulin-dependent diabetes mellitus.

57. (New) A method according to claim 53, where the patient has at least one other risk factor.

58. (New) A method according to claim 57, where the other risk factor is current or previous hypertension, elevated total cholesterol, low HDL cholesterol, current cigarette smoking, known microalbuminuria or previous vascular disease.

59. (New) A method according to claim 53, where the patient is non-hypertensive.

60. (New) A method according to claim 53, where the patient is older than 55 years.

61. (New) A method according to claim 53, where the inhibitor of the renin-angiotensin system is an angiotensin converting enzyme inhibitor, an angiotensin II antagonist, or a pharmaceutically acceptable derivative of any of these.

62. (New) A method according to claim 61, where the angiotensin converting enzyme inhibitor is omapatrilat, MDL100240, alacepril, benazepril, captopril, cilazapril, delapril, enalapril, enalaprilat, fosinopril, fosinoprilat, imidapril, lisinopril, perindopril, quinapril, ramipril, ramiprilat, saralasin acetate, temocapril, trandolapril, trandolaprilat, ceranapril, moexipril, quinaprilat and spirapril or a pharmaceutically acceptable derivative thereof.

63. (New) A method according to claim 62, where the angiotensin converting enzyme inhibitor is ramipril or ramiprilat.

64. (New) A method according to claim 61, where the angiotensin II antagonist is saralasin acetate, candesartan cilexetil, valsartan, candesartan, losartan potassium, eprosartan, irbesartan, tasosartan, or telmisartan or a pharmaceutically acceptable derivative thereof.

65. (New) A method according to claim 62, where ramipril or ramiprilat or a pharmaceutically acceptable derivative thereof is used together with a cholesterol lowering agent.

66. (New) A method according to claim 65, where the cholesterol lowering agent is a statin.

67. (New) A method according to claim 66, where the statin is lovastatin, pravastatin, simvastatin or fluvastatin.

68. (New) A method according to claim 67, where the statin is pravastatin.

69. (New) A method according to claim 67, where the statin is simvastatin.

70. (New) A method according to claim 53, where the antihypertensive is a calcium channel blocker or a beta blocker.